



Department of Public Works
BLOCK PARTY PERMIT APPLICATION
(Please type or print in black ink; this form will be reproduced)

Completed applications must be received at least two weeks prior to the event to allow for processing. Applications can be mailed to: Special Event Permit Office, 841 N. Broadway, Room 501, Milwaukee, WI, 53202; or Emailed to dpwspecialevents@milwaukee.gov; or Faxed to (414) 286-3953. For more information visit our website at <http://city.milwaukee.gov/specialevents.gov> or contact the Special Event Permit Office at (414) 286-3329.

Note: This permit is subject to the Milwaukee Code of Ordinances, the City Charter and all rules and regulations governing street rights-of-way. The applicant agrees to indemnify and save harmless the City from and against all liabilities, claims, demands, judgments, losses and all suits at law or in equity, cost and expenses, including reasonable attorney fees, for injury or death of any person or loss or damage to the property of any person, firm, organization or corporation, including both parties thereto and their employees, arising as a consequence of the granting of the permit for such special event. The applicant agrees not to exclude any person from the public area described in the permit because of race, color, national origin or disability. Signatures of consent should be obtained from residents within the barricaded area to establish support for the event.

Date of Event				Raindate (day after original request)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Time street will be closed:				Time Street will be opened:		
Permit Applicant Information				Alternate Applicant Information (required)		
Name				Name		
Address				Address		
City/State		Zip		City/State		Zip
E-Mail				E-Mail		
Phone				Phone		
Cell				Cell		
FAX				FAX		
Purpose of Event:						
Name of street to be closed: _____						
from _____ (Street) to _____ (Street)						
(Example: West Maple Street from South 7 th Street to South 8 th Street)						
Barricades should be delivered to (address required):						
Applicants Signature:					Date:	
Aldermanic Approval:					Date:	

For DPW use only:

Application Received and Distributed:: _____

Special Event Notification and Approval Petition

Name _____

would like to block off _____ (Street)

from _____ (Street) to _____ (Street)

on (Date) _____ from (Time) _____ to _____

I am aware of the request for a block party permit as described above. I am in favor of this event.

[illegible]

